

"In the course of my practice, I have been compelled, by childbirth or some other illness, to stop syphilization; and, in such cases, relapses have often occurred. The cycle which has commenced is interrupted; and this, I believe, often happens when the disease is left to take its own course; for, during the time that the disease will have taken to pass through its several stages, many circumstances may arise to produce an injurious effect."

40. *Removal of Foreign Bodies from the Ear.*—M. GUERSANT, in a recent number of the *Bulletin Général de Thérapeutique*, makes the following remarks on this subject:—

If we except the concretions of cerumen that are principally met with in the aged and rarely amongst children, it must be said that foreign bodies in the external auditory canal are more often observed in youth than at more advanced ages. For our part, we have seen a considerable number of them in hospital and private practice.

The bodies thus met with are very diverse: hardened cerumen, pebbles, stones extracted from rings, or ear-rings, pearls, peas, shells, beans, fragments of glass-tubes, balls of paper, seeds, etc. Insects have been mentioned, but we have not on any occasion met with them.

All these foreign bodies, when they remain in the auditory canal, principally those which swell up, may occasion severe accidents: such as inflammation, suppuration, buzzing, cerebral symptoms, meningitis. Hence it is important to relieve, as soon as possible, children who have in their ears a pea, or a seed, which may swell up on becoming moist. The surgeon ought, before all, to ascertain with accuracy that a foreign body exists, because very dangerous attempts have often been made in cases where no such body has been present. If, after the patient has been placed in a proper position, and the light has been directed into the canal, the foreign body is recognized, the surgeon ought to act differently, according to the case.

1. The foreign body may be a fluid: such as water in swimmers, or oil. In these cases, a single shake given to the head has sufficed to make the fluid run out.

2. Sometimes there is hardened cerumen. A simple ear-pick, previously dipped in oil, will allow this concretion to be expelled. It may be necessary first to soften the cerumen by several injections of lukewarm water, or of oil or glycerine.

3. Peas, beans, seeds, or balls of paper swell and soften. They may be caught and hooked out sometimes easily enough, either with small forceps, or with a small short hook.

4. Hard bodies, as pebbles, shells, hard seeds, can be removed in several manners. As was very anciently advised, and as has been done by Menière, injections may be employed. We have, says M. Guersant, very often used these means, and for all sorts of foreign bodies. It is necessary, however, to act in a certain manner, with much perseverance; and the relations ought to be shown how to practise these injections, because it is often necessary to repeat them several days following before success is obtained. In order to apply injections, it is well to procure an Eguisier's irrigator, fitted with a straight tube and filled with cold, or better with luke-warm water. The child should be wrapped in a cloth, folded several times double, so that the arms are thus kept wrapped up; the cloth ought to surround the neck of the child, in order to avoid wetting it. The head should also be held in a somewhat inclined position, and a basin should be placed under to receive the water. The surgeon should direct the pipe of the irrigator into the auditory canal, propelling the jet of water very slowly at first, so that it may pass between the foreign body and the walls of the canal, strike on the membrane of the tympanum, and in its return drive out the foreign body, which will sometimes escape after the first injection. It is important that the surgeon, at the time of performing the irrigation, should draw the lobe of the ear alternately upwards, downwards, forwards, and backwards, in order to modify the direction of the jet. The operation should be repeated several days following, if no results follow the first injection; and the relatives should be instructed how to make the injections. M. Guersant has seen cases in which

the foreign body has only been removed after persevering for eight or ten days. When this means is not attended by success, the instruments which appear most likely to succeed are simple small forceps, which are always useful in cases of soft bodies, paper, lint, etc.; or better, the ordinary scoop or Leroy d'Etiolles' small scoop. In many cases, the instrument should be guided principally along the lower side of the canal. As the introduction of scoops is always more painful than the use of injections, and gives rise to more struggling on the part of children, M. Guersant observes that, when it is necessary to use this means, we should not hesitate to employ chloroform. When the child happens to be manageable, besides the inclined position of the head, M. Debout has recommended the mouth of the patient to be opened. It is sufficient to introduce the end of the little finger into the external auditory canal, and to make the lower jaws move in order to become convinced of the enlargement undergone by the canal each time the condyle of the jaw leaves the articular surface. This attitude facilitates the employment of all the preceding operations; but that which it aids most is the employment of injections.—*British Med. Jour.*, March 4, 1865.

OPHTHALMOLOGY.

41. *Epidemic Disease of the Eye now prevailing in Copenhagen.*—Dr. W. D. MOORE has translated for the *Medical Press*, from the *Ugeskrift for Læger*, an interesting sketch of this disease by C. WITTHUSEN.

There were admitted into the Kommunehospital from the beginning of August of last year about 600 patients; the number had steadily increased until the third week in November, when no fewer than 53 cases were admitted, and 49 in the fourth week; from that time the number of cases somewhat diminished, the weekly average of admissions having since been about 20, besides the patients received into the children's department of the St. Anna Hospital, who are probably about as numerous or somewhat less. But, as to the intensity of the disease, the severity of the cases has increased in an alarming degree; on the one hand, many more adults have been admitted, in whom the disease has, on the whole, a much more serious character; on the other, there is a number of patients, in whom it is so malignant that it almost invariably proceeds to complete loss of the eye. While last year the cases presented at most but slight catarrhal conjunctivitis, only exceptionally proceeding to actual blennorrhœa, they are now very general and very dangerous; but besides there are many cases which, without being distinctly referable to the diphtheritic form, have something of that character, and are by no means behind it in danger. Thus the hospital last week received a family, of whom the mother had violent blennorrhœa with a perfectly fleshy chemosis, universal softening with prominence of the cornea, and two days later rupture of this membrane; the husband had on the right eye almost total infiltration of the cornea, and in both eyes blennorrhœa, with chemosis and considerable rigidity of the eyelids. Two children who accompanied them had violent blennorrhœa. Another example is a man, who came in with softening of both corneæ, and in whom, during an attack of delirium tremens, which supervened immediately after his admission, rendering any treatment almost impossible, rupture of the cornea and evacuation of a portion of the vitreous humour occurred at the end of forty-eight hours. His daughter, aged 5 years, had violent blennorrhœa of both eyes, with spots of infiltration of the corneæ, but is now out of danger. A woman came in with considerable blennorrhœa, and notwithstanding active and careful treatment, one eye is now perforated and the other is in great danger. I might mention many other cases where only one eye is attacked, but I will not weary the reader by prolonging this sad list. The hospital has hitherto been so fortunate that, with the exception of the woman last alluded to, none of the cases admitted in an early stage reached such a fearful pitch; where the eye was completely lost, it was on admission already doomed; but it is my conviction that if the